



PTO/SB/122  
0036.0039

## CHANGE OF CORRESPONDENCE

### ADDRESS

#### Application

Address to:  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Application Number	09/409,633
Filing Date	October 1, 1999
First Named Inventor	C.M. Dennison
Art Unit	2137
Examiner Name	Courtney.D. Fields.
Attorney Docket Number	BO999025

Please change the Correspondence Address for the above-identified patent application to:

☒ Customer Number: **25299**

OR

<input type="checkbox"/> Firm or Individual Name					
Address					
Address					
City		State		Zip	
Country					
Telephone		Fax			

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124)

I am the:

- ☐ Applicant/Inventor
- ☐ Assignee of Record of the entire interest.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)
- ☒ Attorney or Agent of Record. Registration Number Registration No. 39,867.
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_\_.

Typed or Printed Name **David W. Victor**

Signature 

Date **November 22, 2004**

Telephone **(310) 553-7977**

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.\*

☒ \*Total of 1 form is submitted.